

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039463

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 207

Primary Registration District No. 5754

Registrar's No. H7

FILED OCT 16 1962

VS 300
Rev. 4/59

6630
8630

3

4 0

5 1

6

7 0

8 2

9 1533

10

11

12 90-2

13 1-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Maries

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Rural Dry Creek

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Maries

c. CITY
OR TOWN

Rural

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

Hayden Route, Dixon, Missouri

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

James

Middle

Alvin

Last

Jennings

4. DATE
OF DEATH

Month

9

Day

27

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/1/1921

9. AGE (last birthday)

41

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Common Laborer

10b. KIND OF BUSINESS OR INDUSTRY

General Work

11. BIRTHPLACE (City and state or country)

Maries County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Ben Jennings

13b. MOTHER'S MAIDEN NAME

Margaret Minzes

14. NAME OF HUSBAND OR WIFE

Lorine Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Alvin Jennings, Dixon, Missouri

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma

INTERVAL BETWEEN ONSET AND DEATH

6 Months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Primary Lesion sigmoid Colon

DUE TO (c)

Surgery 6 months ago

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-11-62 to 9-25-62 and last saw her alive on 9-25-62

Death occurred at 12:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R.D. Stewart DO

22b. ADDRESS

Wayneville Mo.

22c. DATE SIGNED

9-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/30/1962

23c. NAME OF CEMETERY OR CREMATORY

Kenner Cemetery

23d. LOCATION (City, town, or county)

Maries County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Gilbert Funeral Home, Inc., Dixon, Mo.

25. DATE RECD. BY LOCAL REG.

9-30-62

26. REGISTRAR'S SIGNATURE

Howard W. M. Do

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maurice E. Scherbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.*

If this body is not embalmed, fact should be so stated above.